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ı	APPLICATION NO. FILING DATE				FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.		CONFIRMATION NO.	
•	10/806,105 FITLE OF INVENTION	03/23/2004 DESIGN SUPPORT S	YSTEM		Toru Okada				1075.1255	1845	
1	APPLN. TYPE	SMALL ENTITY	ISS	UE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSUI	E FEE	TOTAL FEE(S) DUE	DATE DUE	$\neg$
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	EXAMINER		ART UNIT		CLASS-SUBCLASS		· · ·				
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-	CFR 1.363).  Change of corresp Address form PTO/SE  "Fee Address" indi PTO/SB/47; Rev 03-0 Number is required.  ASSIGNEE NAME Al	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.									
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1	Please check the appropri	ate assignee category or	categori	es (will not be pr	inted on the patent):		Individual 🛂 Co	rporati	on or other private grou	p entity Governm	ent
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